## OFFICIAL

RECEIVED CENTRAL FAX CENTER JUL 1 9 2004

# FAX

### ATTN. Boris Pesin

Fax Number 1 703 872 9306

Phone Number 703 305 8774

#### FROM Volel Emile

Fax Number (512) 306-0240

Phone Number (512) 306-7969

#### **SUBJECT**

Number of Pages 6

Date 7/19/2004

#### **MESSAGE**

		U.S. Paten	n and To	adement Offic	:e: U.S. Di	ph 07/31/2006. OMB 0651-00\$1 EPARTMENT OF COMMERCE					
Under the Panerwork Reduction Act of 1995	Application Number	09/965		WE A VAIR CHARLE MURINING.							
TRANSMITTAL FORM (to be used for all correspondence effer thittel fitting)		Filing Date	09/27/2								
		First Named Inventor	Keohane at el.								
		Art Unit									
		Examiner Name	Borle M. Pacin								
Total Number of Pages in This Submission	Attorney Docket Number	AUS920010878US1									
ENCLOSURES (Check ell that apply)											
Fee Transmittel Form		Drewling(s)		L to	Technolo	ence communication ogy Center (TC)					
Fee Attached  Amendment/Regly		Licensing-related Papers Petition		Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC							
Amendment/Reply		Petition to Convert to a			•	ice, Brief, Reply Brief)					
After Final		Provisional Application Power of Attorney, Revocation	ļ			Information					
Affidavits/declaration(e)		Change of Correspondence Addr	838		stus Lette her Encir	er Osure(s) (please					
Extension of Time Request	Ш.	Terminal Disclaimer			ntify bel						
Express Abandonment Request		Request for Refund									
Information Disclosure Statement		CD, Number of CD(s)									
Certifled Copy of Priority	Rema	rks									
Document(s)											
Response to Missing Parts/ Incomplete Application											
Response to Missing Parts											
under 37 CFR 1.52 or 1.53											
	URE C	F APPLICANT, ALTORN	EY, O	RAGEN	<u>t</u>						
Firm Volet Emite	11			,							
Individual name	- <del>   </del>		<u> </u>		<del></del>						
Signature	J. R. S.	welse	<u></u>								
Date 07/19/2004				<del></del>							
CE	RTIFIC	ATE OF TRANSMISSION	I/MAI	LING							
I hereby certify that this correspondence is be sufficient postage as first class mail in an env the date shown below.	eing facsi relope ed	mile Transmitted to the USPTO or dressed to: Commissioner for Pa	r deposi itents, P	ited with the 2.0. Box 141	United 5	Statee Postel Service with noria, VA 22313-1450 on					
Typed or printed name Volel Emile	111	8/1									
Signature	Æ.	- mark	<i>?</i>		Date	07197/2004					
This collection of information is required by 37 CFR process) an application. Confidentiality is governed gathering, preparing, and submitting the complete amount of time you require to complete this form on Trademark Office, U.S. Department of Commerce, ADDRESS. SEND TO: Commissioner for Path	by 35 U.S application d/or suggi P.O. Box 1	.C. 122 and 37 CFR 1.14. This collect for form to the USPTO. Time will vary disations for reducing this burden, should some feet and the surface of the surf	ee af noth Inibneqal nea ed bl	stimated to 21 g upon the inc nt to the Chief end rees o	haure to ci	omplete, including					

If you need assistance in completing the form, call 1-900-PTO-9199 and select option 2.

DOCKET NUMBER: AUS920010878US1

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:

Keohane et al.

: Before the Examiner: : Boris M. Pesin

Serial No: 09/965,004

: Group Art Unit: 2174

Filed: 09/27/2001

Group into oner = --

Title: APPARATUS AND METHOD FOR A

WEB BROWSER TO SELECT A HOME PAGE

UPON ACTIVATION BASED ON A

SCHEDULER OR NETWORK CONNECTION

: Confirmation No.: 2732

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

X No additional fee is required
The fee has been calculated as shown below:

Claims Remaining After Amendment		, , <b>, , , , , , , , , , , , , , , , , </b>	Highest No. Previously Paid For	Present Extra		Rate	Addit. Fee	
Total	20	MINUS	20	=	0	ж 19 =	\$	0.00
Indep.	. 4	MINUS	4	<b>53</b>	0	x 86 =	ş	0.00
	lst Presen	tation o	of Multiple Dep	. Cla	im	x 290 =	\$	0
						TOTAL.	\$	0.00

Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.

A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

Any additional fees required under 37 CFR \$1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 ter \$1.17.

Respect fully sybmitted

Wolel Emile Regiseration No. 39,969

(512) 306-7969